



Town of Mashpee

Board of Health
16 Great Neck Road North
Mashpee, Massachusetts 02649
(508) 539-1426

Septic Installer Agent Designation

Date: _____

I _____, a licensed Disposal Works Installer in the town of

Mashpee authorize _____ to act as my agent to obtain sewage permits

and to request sewage inspections. I certify that this individual is an employee of the same

company/corporation that employs me. I understand that I am still required to sign and submit

as-built cards for all work authorized under my license.

Signature

Date

Telephone No.

Witnessed

Date

**IMMEDIATE NOTIFICATION OF THIS EMPLOYEE'S TERMINATION
MUST BE MADE TO THE BOARD OF HEALTH**